

Preventing and responding to abuse

Last edited: 27 Jan 2021, 1:09 PM

Introduction

This policy reflects North West Support Services (NWSS) commitment to comply with the Disability Services Act 2011 (Tas). It states the principles for preventing abuse and explains the procedures when abuse occurs.

Applicability

When
<ul style="list-style-type: none"> applies at all times in all locations.
Who
<ul style="list-style-type: none"> applies to all employees, including Board Members, the Management Team, workers and volunteers.





Definitions

Term	Description
adverse event	Any event that leads to negative consequences for a client as a result of NWSS' service provision. For the purposes of NWSS' policies, an adverse event is a collective term used to cover multiple circumstances, including but not limited to abuse.
assault	"...the act of intentionally applying force to the person of another, directly or indirectly, or attempting or threatening by any gesture to apply such force to the person of another if the person making the attempt or threat has, or caused the other to believe on reasonable grounds that he has, present ability to effect this purpose, or the act of depriving another of his liberty" (Criminal Code Act 1924 (Tas)).
child	A person under the age of 18 years.
developmental abuse	Doing for people what they can do for themselves. Treating adults like children.

financial abuse	The illegal or improper use of the person's property or finances. Examples include misappropriation of money, valuables or property; forced changes to wills or other legal documents; the denial of rights of access to, or control over, personal finances.
informed consent	An agreement to do something or allow something to happen only after all the relevant facts (risks and consequences) are disclosed.
mandatory reporters	<ul style="list-style-type: none"> • registered medical practitioners • registered and enrolled nurses <ul style="list-style-type: none"> ◦ registered dentist, dental therapist, dental hygienist ◦ registered psychologists ◦ police officers ◦ probation officers ◦ principals and teachers in any educational institution including kindergartens ◦ a person who provides childcare or childcare services for a fee or reward ◦ a person concerned in the management of a licensed childcare service ◦ any person who is employed or is engaged as an employee or is volunteer in: <ul style="list-style-type: none"> ■ a government agency that provides health, welfare, education, childcare or residential services wholly or partly for children ■ an organisation that receives any funding from the Crown for the provision of services ◦ any other person of a group determined by the Minister by notice in the gazette to be a prescribed person ◦ any person working for Gateway Services, Integrated Family Support Services or non-government organisation providing support to families with children.
neglect	The failure to provide adequate food, shelter, clothing, medical and dental care. This may involve the refusal to permit other people to provide appropriate care. Examples include abandonment; failure to provide nourishing food, adequate clothing or shelter; inappropriate use of medication (including over-medication); and poor assistance in matters of hygiene and personal care.

physical abuse	The infliction of physical pain, injury or physical coercion. Examples include hitting, shoving, pushing, pulling, slapping, wetting, burning and physical restraint.
psychological/emotional abuse	The infliction of mental anguish, including actions that lead to fear of violence, to isolation, or deprivation, feelings of shame, loss of dignity or powerlessness. Examples include treating the person as a child, humiliation, emotional blackmail, blaming, swearing, shouting, intimidation, name calling, sending people to their rooms, saying things about people that create bad reputations, invading people's privacy, withholding information and deliberately isolating them from friends and relatives.
restrictive practices	The use of external controls to restrict the movement or responses of a person.
sexual assault and abuse	Sexually abusive or exploitative behaviour ranging from violent rape to indecent assault and sexual harassment.

Documents relevant to this policy

 Criminal Code Act 1924 (Tas) 
 Disability Services Act 2011 (Tas) (Legislation) 

Mandatory reporting when abuse occurs against a child

It is mandatory to report abuse against a child if:

- a child's safety, psychological wellbeing or interests are affected or likely to be affected by family violence
- there is reasonable likelihood that the child will be killed, abused or neglected by the person with whom the child resides.

Mandatory reporting when abuse occurs against a person with a disability

All employees have a duty of care to protect the safety and wellbeing of all clients of the service.

If an employee witnesses or is informed of abuse and does not report this, they are considered to be in collusion with the alleged perpetrator and will be subject to disciplinary action.

What are 'reasonable grounds' for suspecting abuse or neglect?

There may be reasonable grounds for suspecting abuse when—someone tells you they have suffered a non-accidental physical injury, neglect, sexual abuse and/or emotional trauma

- someone tells you a person has been abused
- your observations of a person's physical condition or behaviour leads you to believe that the person has been abused.

If you feel suspicious or are in doubt, talk to the Management Team.

How an allegation of abuse will be dealt with

Supporting the alleged victim:

- support the interests of the alleged victim over those of their family or other members of the community
- encourage the alleged victim to make their own decisions after providing them with information about their options
- respect an alleged victim's choice of an independent advocate
- endeavour to prevent further contact between the alleged victim and alleged perpetrator including possible relocation of one party, based on the interests of the alleged victim.

Service action:

- the service will focus on interventions that protect people from violence and abuse
- in the case of potential criminal offences we will:
 - report the matter to the police
 - report the matter to the Department of Health and Human Services
 - pursue legal remedies
 - maintain confidentiality according to organisational policy and professional and legal obligations
 - require employees to report suspected abuse promptly and treat all allegations seriously.

Supporting employees:

The service will ensure that support and counseling are available to counteract stress.

Assisting investigations:

When assisting police in their investigations this may mean:

- supporting the alleged victim and explaining what is happening
- providing formal statements of what you know about the incident.

How allegations against NWSS employees will be dealt with

NWSS acknowledges the difficulties this may create. Access to support and counseling will be provided. The allegation will be investigated as outlined in this policy with all the benefits of natural justice.

During an investigation, an employee alleged to have been involved in abuse might:

- be moved to a different area of the organisation
- have shifts changed to avoid contact with the alleged victim
- be stood down on full pay while the investigation is conducted

If the investigation suggests there is some substance to the allegation but it cannot be fully substantiated, the General Manager will determine the appropriate disciplinary action

If the investigation fully substantiates the allegation and the incident constitutes 'willful misconduct' the employee will be dismissed and face any police action that results.

How allegations against NWSS clients will be dealt with

Where a NWSS client is accused of abuse, their protection, care and rights will be a primary concern. The client (and their family if applicable) will be offered support including counseling and referrals to legal and advocacy services. Support will continue if risks can be managed, and contact will be made with the funding body if additional funds are required to mitigate presenting risks.

Procedure/process

The sequence of steps is not always clear. The following information will help guide employees in this situation:

- ensure the health and wellbeing of the client and preserve any evidence
- report the allegation to a member of the Management Team immediately who will make sure the General Manager is notified
- the General Manager will:
 - make sure that the Department of Health and Human Services is notified as required
 - make sure the next of kin are notified
 - make sure the police are notified as required.

First response to a situation of alleged abuse

If it appears that the alleged victim has been physically assaulted:

- seek immediate medical assistance if required
- preserve any evidence
- provide a safe environment, support and comfort the alleged victim
- report the incident to the Direct Service Coordinator.

If it appears that the alleged victim has been sexually assaulted:

- seek immediate medical assistance
- preserve evidence
- provide a safe environment and comfort the alleged victim
- report the incident to the Direct Service Coordinator who will contact the Sexual Assault Service and police
- encourage the alleged victim not to bath, wash, shower or change or discard their clothing.

If it appears that a criminal act may have been committed—report the incident to the Direct Service Coordinator who will contact the police. This is required regardless of whether the alleged victim consents to the matter being reported.

Department of Health and Human Services requirements:

- the first employee aware of the incident should:
 - make a quick assessment of the urgency and an appropriate response
 - verbally notify to a member of the NWSS Management Team:
 - Direct Service Coordinator
 - Direct Service Manager
 - Operations Manager
 - General Manager
- Management response:
 - within 48 hours of the allegation of suspicion of abuse the Allegation of Abuse Alert - AAA is lodged with the manager of Disability Services or a report made to Child Protection Services
 - within 48 hours of the allegation, unless otherwise advised by the police, the next of kin should be notified of the allegation
 - all documentation and reporting requirements are completed
 - within 28 calendar days of the AAA being lodged the Allegation of Abuse or Neglect Report - APR is lodged with the Manager of Disability Services or the Australian Childhood Foundation is notified.

Notifying the next of kin

- if the client is under 18 years of age or has a legal guardian—contact the next of kin/guardian and provide the following:
 - the nature of the allegation
 - the standard procedures for the situation
 - the action taken by employees since the allegation
 - the clients right not to participate in a police investigation
 - the next of kin/guardian’s right to attend a police interview if allowed by the police
- if the client is over 18 years of age—ask the client if they wish to inform their next of kin and assist them to do so if they wish
- if the client is over 18 years of age and unable to make an informed decision about contacting their next of kin, and does not have a legal guardian—contact the legal guardian or the Public Guardian’s Office as appropriate.

Internal investigations

NWSS will always conduct an internal investigation for the following reasons:

- to determine the course of action
- to be prepared for the police to request a written report on the situation.

If the police are involved

If the police are involved, the Regional Manager will provide the following information to the client or their advocate to assist them in making an informed decision about their participation in the investigation:

- the matter has or will be reported to the police
- the police may want to interview the client for a statement
- the client has a choice as to whether they participate in the investigation or not
- an independent third party (itp) needs to be present during the interview with a client if the client:
 - has an intellectual or psychiatric disability
 - is under the age of 17
- the police will decide whether charges will be laid or not
- if the matter goes to court the client may be required to give evidence.

Independent third party (ITP).

The police are responsible for arranging an ITP when required. The role of the ITP is to ensure that the client understands their rights. They are expected to understand that the client might require considerable emotional and possibly psychological support.

Assisting clients in a police investigation

If the client is over 18 and cannot make informed decisions about medical examinations and treatment and/or cannot communicate with the police:—contact the Guardianship Board for the appointment of a guardian.

If the client needs an interpreter because they speak another language other than English—arrange an interpreter through the Telephone Interpreter Service.

If the client uses some alternative form of communication—arrange for an independent assistant to help during the police interview.

Preventing further contact between parties

In principle the alleged perpetrator should be the party to be relocated if the two parties reside together, work in the same location or the policies advise that there be no contact.

Any decision to move the alleged victim must take into account:

- the length of time the alleged victim has been residing in the location
- whether or not the alleged victim wishes to remain in or move from the location.

In all decisions, the best interests of the alleged victim must be paramount.

Roles and responsibility

Management

- supporting, endorsing, enforcing and reviewing this policy, procedures and any related guidelines
- ensuring persons to whom this policy applies are educated as to the meaning and application of this policy and procedures.

Employees

- ensure that they understand and apply this policy, its procedures and any related guidelines.

Reporting incidents to the NDIS

Any incident of abuse or neglect of a participant must be reported to the NDIS Quality and Safeguards Commission.

To report an incident refer to the Report incident to NDIS process.

Detecting the abuse and neglect of clients

A client can make an allegation verbally or in writing or by using their augmentative communication system.

Allegations can be made by another client, an employee or any other person if they have witnessed an act of abuse or neglect.

Observing certain behaviours or physical conditions in a client can lead to suspicions of abuse or neglect. These behaviours or physical conditions can occur in isolation or in clusters. The indicators may be as follows (they are intended as guidelines only and are not an exhaustive list):

- **Sexual abuse:**
 - anal or vaginal intercourse without consent
 - fingers or objects inserted into vagina or anus without consent
 - oral sex
 - masturbation of another person without consent
 - indecent exposure
 - displaying pornographic photography or literature
 - sexual harassment, including lewd or suggestive comments, teasing or insults with sexual connotations.
- Physical indicators of sexual abuse:
 - bruises or bleeding in genital area
 - bruises to breasts, buttocks, lower abdomen or thighs

- vaginal infection
- abdominal pain
- pregnancy
- recurrent headaches or migraines
- sexually transmitted diseases
- itching, inflammation or infection of urethral, vaginal or anal areas
- foreign objects in genital, rectal or urethral openings
- semen stains on clothing.
- Behavioural indicators of sexual abuse:
 - verbal reporting
 - inappropriate sexual activity
 - fear of being alone with a particular person
 - sexual themes in drawing, drama or sexual acting out
 - self injury or hurting others
 - unexplained increase in sexual knowledge
 - regressive behaviours such as bed wetting
 - poor relationships with others, irritability, short tempered, weeping
 - strong fear of a particular place
 - withdrawal, depression or listlessness
 - unexplained accumulation of money or gifts.
- **Physical abuse**
 - hitting, smacking, biting, kicking,
 - pulling limbs, hair, or ears
 - bending fingers back
 - bending an arm behind a back
 - dragging, carrying or pushing people who do not want to be moved unless involuntary relocation is part of a behaviour support plan
 - physical restraint
 - threat of violence.
 - Physical indicators of physical abuse:
 - bruises and welts
 - cuts, scratches and sprains
 - burns and scalds
 - head injuries
 - bruising around the eyes
 - internal injuries
 - broken bones
 - swollen or painful joints accompanied by bruising.
 - Behavioural indicators of physical abuse:
 - unusual fear of authority
 - wariness of physical contact
 - unusual desire for affection
 - difficulty relating to others
 - constantly watching for possible danger
 - fear of events or places
 - sudden changes in behaviour
 - onset of incontinence
 - problems sleeping.

- **Emotional abuse**

- humiliating clients for losing control of their bladder or bowel or other private matters
 - treating clients in ways that deny them dignity
 - preventing clients from expressing themselves out of fear of retaliation
 - discouraging clients from personalising their rooms
 - denying clients their cultural needs such as serving food that is contrary to the requirements of the person's cultural values and beliefs
 - shouting orders at a client or using a punitive tone of voice
 - using humiliating names when speaking to clients
 - limiting social freedoms.
- Physical indicators of emotional abuse:
 - speech disorders
 - sudden and significant changes in usual behaviour
 - inappropriate self-stimulating behaviour
 - weight loss or gain.
 - Behavioural indicators of emotional abuse:
 - feelings of worthlessness about life and self - low self esteem
 - constant attention seeking behaviour, disruptiveness, aggressiveness
 - excessive compliance
 - depression or withdrawal
 - destructive or violent behaviour to self or others.

- **Neglect**

- refusing to provide food to clients because they have not done what they were asked to do
 - hurrying or rushing assistance with eating or drinking to fit in with employee timetables rather than the needs of the person being supported
 - withdrawal or denial of privileges, planned outings or personal items that are not designated and planned behaviour management strategies
 - depriving clients of their right to express their cultural identity, their sexual identity or other desires
 - failure to ensure adequate food, health care support, clothing, medical aid or culturally relevant contexts and supports
 - not using a communication device to enable expression of needs or other communication.
- Physical indicators of neglect:
 - malnutrition
 - consistent and regular hunger
 - low weight
 - gaining weight when placed in hospital or alternative care
 - poor hygiene including dental and untreated sores
 - inadequate clothing for weather conditions
 - lack of supervision consistent with support needs
 - non-organic failure to thrive.
 - Behavioural indicators of neglect:
 - eating hungrily or hardly at all
 - hungry for attention or affection
 - reluctance to go home
 - rocking or self-abuse.

Sign off

I have read and understand this policy.

Name (print): _____

Signature: _____

Witness (print): _____

Signature: _____

Date: _____